

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-018259

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 50

Primary Registration District No. 5180

Registrar's No. 22

FILED MAY 16 1962

1. PLACE OF DEATH

a. COUNTY

Camden

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Warren

Length of stay in 1b
Life

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Hwy K

Inside Limits
Yes ☐ No ☒

c. CITY
OR TOWN

Camden Route 1

Inside Limits
Yes ☐ No ☒

d. STREET
ADDRESS

Hwy K

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED

First

Middle

Last

Harrison

Oscar

Green

4. DATE
OF DEATH

Month May

Day 7

Year 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

May 28, 1909

9. AGE (last birthday)

52

IF UNDER 1 YEAR IF UNDER 24 HR
Months 11 Days 9 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

Laborer

11. BIRTHPLACE (City and state or country)

Camden County, Mo

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Mont Green

13b. MOTHER'S MAIDEN NAME

Ethel Parrish

14. NAME OF HUSBAND OR WIFE

Alene Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown) Yes Army W. War 2

16. SOCIAL SECURITY NO.

17. INFORMANT

Ellis Green, Camden Mo.

18. CAUSE OF DEATH (Enter only one cause per line if
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

ACCIDENTAL DROWNING

INTERVAL BETWEEN
ONSET AND DEATH

IMMEDIATE

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

PART III. If deceased was female was
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☒ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
HIS CAR FELL INTO THE WATER.

20c. TIME OF
INJURY

Hour 10:00 a.m. 5-7-1962

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)
LAKE ROAD

20f. CITY, TOWN, OR LOCATION

WARREN TWP

COUNTY

CAMDEN

STATE

MO.

21. I attended the deceased from _____ to _____ and last saw him alive on _____
Death occurred at 10:00 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

B. Holley

M.D. (County Coroner)

22b. ADDRESS

CAMDEN, MO

22c. DATE SIGNED

5-8-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

May 10, 1962

23c. NAME OF CEMETERY OR CREMATORY

Union Cemetery

23d. LOCATION (City, town, or county)

Camden County, Mo.

(State)

24. FUNERAL DIRECTOR

Robert H. Reed, Camden Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

May 10-1962

26. REGISTRAR'S SIGNATURE

Zilpha I. Draw.

MAY 18 1962

MAY 17 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert H. Reep

Licensed Embalmer No. 3745

P. O. Address Camdenton Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.